

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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3						
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49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54						
55	1					
56						
57	1					
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59	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						